10/021,341

Approved for use through 7/31/2006 (08-03)

LLS. Petters and Trodemath Officer U.S. DEPARTMENT OF CHARGE

Г	PA	TENT APPL	CATIO	N FEE DET	CDMINATE	90	a contaction of k	dometton un	ess d displ	BYS 8 VEED ONE	control number
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										\$2	747
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHE	R THAN ENTITY
L	FOR '	10.134	ALIMBER FILED		NUMBER EXTRA		RATE	T	1		
(C)	SIC FEE OFR 1.18(a))					1		FEE	1	RATE	FEE
COT OFR 1.18(c)			minus 20 = ·				**	 	OR		-
DOEPENDENT CLAIMS OF CFR 1,1800		IAS	minus 3 =					}	OR	N 5	
MILLIBRIE DEPENDENT CLAIM PRESENT (27 CFR 1.18(8))						1	# 5	 	OR	# S	
* if the difference in column 1 is less than zero, enter "0" in column 2.						J	• • •		OR	•5•	
							TOTAL) OR	TOTAL	
CLAIMS AS AMENDED - PART II											
-		(Column 1)	_	(Cotumn 2)	(Column 3)	7 1	SMALL	ENTITY	OR		ENTITY
ENDMENT A		REMAINING AFTER AMENDIVENT		NUMBER PREVIOUSLY PAD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL	÷	RATE	ADDI- TIONAL
Ž	Total promises	16	ADTUS	- 20	0	1	я в -	FEE	1	——	FEE
S	Independent (37 CFR 1, 18(1))	· Z	Minus	- 3	10				OR	× 9	
¥	FIRST PRESENT	TATION OF MULTIP	LE DEPEND	DAT CLAM LOS CO	CO 1 tenso		x 3		OR	X 5	-
	ARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.12(1))					TOTAL		OR	***		
3	5/23/5					ADOL FEE		OR	TOTAL ADD'L FEE		
-	2010	(Column 1)	_	(Cotume 2)	(Cotuma 3)						
AMENDMENT B		REMAINING AFTER AMENOVENT		MUNIBER PREVIOUSLY PAID FOR	PRESENT EXTRA	И	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL
	Total gy GPR 1. Mapa	17	Maries	20	• 7		x	-12			FEF/
Ē	DY CYR 1.1803	. 3	Mins	= 3	• /		X 1		OR	X 8	/-
A	PERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CSR 1.1840)							/	OR OR	** <u> </u>	
1	alde				1		TOTAL ADD'L FEE		OR	TOTAL ADDILFEE	
4	1400	(Column 1)		(Column 2)	(Cotumn 3)		(7	
Ö K		CLAIMS REMADING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL	. [RATE	ADG- DONAL
ž	CO CER LOGAR	11	Minus	720	.8	ł		FEE	ŀ		FEE /
AMENDMENT	Drdependent (37 CFR LNO))	• 1	Mires	- 3	4/1	ł	×3	-/-	OR	**	/-
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLANS DOT COR 1.1600D					ł	**	-/- -	OR	<u> </u>	-/
								/- -	OR [TOTAL	-/
		Aumn 1 is less tha					ADD'T FEE	/	OR	ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" (Total or Independent) is the highest manner in the fire that in The second of											

This collection of information is required by 37 CFR. 1.18. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1.22 and 37 CFR. 1.14. This collection is settingted by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1.22 and 37 CFR. 1.14. This collection is settingted to take 12 criticals is complete, including gathering, preparing, and automiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of this burner and/or suggestions for motioning this burner, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Allessandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600-PTO-9199 and select option 2.